

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|---|
| Date of Submission | 26/04/2021 20:46 (SGT) |
| Date of Accident | 24/04/2021 22:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | JUNCTION OF RIVERVALE DR AND RIVERVALE LANE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC5154X |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | TRANS-CAB SERVICES PTE LTD |
| Company Reg No | 2XXXXX878K |
| Email Address | claims@transcab.com.sg |
| Mobile Phone No | (Phone) +65-62866666 |
| Alternative Phone No | (Office) +65-62866666 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Renault |
| Model | Latitude |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Taxi |
| Transmission | Auto |
| CC | 1998 |

INSURANCE COMPANY

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Type of Coverage | ThirdParty |
| Fleet Policy | Yes |
| Policy Number | VFX/P2413997 |
| Cover Note Number | NA |

DRIVER

| | |
|----------------|-------------------------|
| Name of Driver | MOHAMAD NOOR BIN MAJEED |
| NRIC No | SXXXX974Z |

| | |
|--|----------------------------|
| Date Of Birth | 30/10/1958 |
| Occupation | Outdoor |
| Date Of Driving Pass | 04/03/1980 |
| Driving experience | 41 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-85021021 |
| Alt. Phone Number | - |
| Email Address | claims@transcab.com.sg |
| Address | 182 RIVERVALE CRES #16-319 |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-----------------|
| Name | MA'IL BIN OSMAN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Kim Keat Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18002529999 |
| Alt. Police Station Phone No | (Fax) +65-63554311 |
| Police Station Address | Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210426/2036

ATTACHMENT(S)

| | |
|---|---|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | VIDEO HAS BEEN FORWARDED TO TRANSCAB SERVICES & AXA INSURANCE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

A hand-drawn diagram on grid paper showing a riverbank. On the left, a vertical line represents the bank, with a horizontal line extending from it to the right, labeled "Riverbank Line" with an arrow pointing left. Below this line, two small houses are drawn, labeled "A" and "B" from top to bottom. An arrow points up from house "B" towards the riverbank line. To the right of the riverbank line, there is a vertical line representing the river. To the right of the river, there is a vertical line representing the opposite bank, labeled "Riverbank Drive" with an arrow pointing down. Below the river, there are three arrows: one pointing left, one pointing up, and one pointing down.

REFER TO ATTACHED STATEMENT.

REFER TO ATTACHED STATEMENT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: